

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Lerry T. Robinson, Paralegal

J. S. Application No. 10/5210048

Publication Date 12 January 2025

Publication No. WO2024 1006654 A1 PCT/RO/101

International Application No. PCT/F1/2023 60548 Language English

Priority Info: Country F1 No. 20221379 date 12 July 2022 MORE turn over

Abstract:  Correspondence checked:  Inventor Name checked:

Copy in International Application: yes  no  Translation: yes  no

Copy of ISR  Copy of IPER

Total Claims 20 Chargeable 20 Independent 2 multiple  

371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 1

Oath/Declaration: yes  no  signed  unsigned  defective  completed

large entity fee:  Small entity fee:  SME papers: yes  no

Biochemical Seq. Diskette: yes  no  entered  Biochemical Seq. Listing: yes  no

statement  yes  no

Copy of ISR: with References  without References

Copy of IPER: yes  no  Annexes yes  no  entered  not entered

Preliminary Amendment(s): yes  no  2<sup>nd</sup> amendment date

IDS: yes  no  DATE:  2<sup>nd</sup> yes  no  DATE

Request for Immediate Examination: yes  no

Substitute Specification: yes  no

Assignment: yes  no  forwarded to Assignment

Priority Document(s): yes  no  Number of copies included

Power of Attorney: yes  no

Date of 35 USC Receipt of Request: 12 January 2025 Notes: *Waived  
Refused Rec'd 8/10/23*

Date Completion VSC 371 Requirements:

Notice of Missing Requirements: 27 Jan 2025

Notice of Defective Response:

Notice of Acceptance:

Notice of Abandonment:

Other forms:

Article 19 Amendment: yes  no  replaced by Article 34 Amdt.

Extension of time: Number of months

Petition to Revive:  Petition 1.47:

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/28/2005

2 Serial/Patent #: 10/521 048

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 17--0055

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Rule change - 08 Dec 2004*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

OFFICE:

TITLE: Supervisor

PHONE: 703-308-9140

X221

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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